Substitute for Form PTO-876						ca; U.S. DEPARTMENT OF COMMERCE 35 K displays a ward OMB control in umber. Application or Dockel Number		
APP	LICATION AS FILED .	-PARTI				9177		
FOR	. NUMBER FILED	(Column'2)		SMALL ENTITY		OTHER THAN SMALL ENTITY		
ASIC FEE 17 OFR 1.16(a), (b), or (c))	· TOMOCH FICED	NUMBER EXTRA	RATE (1)	FEE (\$)		RATE(\$)	1	
ARCH FEE OFR 1.16(k), (i), or (m))						- WiE !!	FEE (1)	
AMINATION FEE OFR 1.16(0), (p), or (q))		· .			.		<del> </del>	
TAL CLAIMS OFR 1.16(I))					1			
EPENDENT GLAIMS FR 1.18(H))	minus 20 m	e e energial a	_ X =		OR'	X · · · · · ·		
	minus a =	RWings exceed 40/	X	. territe to te	- 1			
	le \$250 (\$405 (a.	HORITON CIZO TOO QUE				×		
	35 U.S.C. 41(a)(1)(G) an	d 37 OFR 1 16(a)		ľ			- 1	
TIPLE DEPENDENT OL	AIM PRESENT (87 OFR 1.16	())	- .   <del> </del>					
	ls less than zero, enter "0" in		J		·Ŀ			
APPLICATIO	DN A6 AMENDED - P	ABT 44	TOTAL			TOTAL		
. (Oolun		•						
OLA REMAI	Ms HIGH	mn 2) (Column 3)	SMALL ENT	TTY C	R ·	OTHER T	HAN	
AMEND	ER PREVIO	USLY EXTRA	RATE (\$)	ADDI-		ATE (\$)		
OFR 1.16(I)	100		1 1	IONAL EE (\$)	1.		ADDI- TIONAL FEE (\$)	
ependeni CHR 1.16(h))	Minus *** 4	7 /9	× 25 =	Z OR	X,	50 - 8	5000 01	
plication Size Fee (3.7 C			×/00 =	OR OR	xa	00 . = C	100.01 Pg	
AT PRESENTATION OF MI	ULTIPLE DEPENDENT CLAIM	(87 OFR 1.16())	180	िन त्याका	5	70 <u>2</u> 11 2 11	489.8540	
•			TOTAL ADD'L FEE	OR	TOTA	00		
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REMAININ	NUMBER	PRESENT	RATE (\$) AD	2				
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enden( R 1:19(N)	Minus ***		X	OR OR	<del></del> .	- FE	E (\$)	
ation Size Fee (37 OFR	1.16(s))		Х. =	OR OR	х ·			
PRESENTATION OF MULT	TIPLE DEPENDENT OLAIM (31	OFR (.16(II)			<u> </u>			
		911	TOTAL	OR				
ntry in column 1 is less Highest Number Previou	than the entry in column 2, v isly Pald For" IN THIS SPAC sly Pald For" IN THIS SPAC	vrile "0" in column 3.	ADD'L FEE	OR	TOTAL ADD'L I	EE.		
ngnest Number Preylous ghest Number Preylous	isly Pald For" IN THIS SPAC sly Pald For" IN THIS SPAC y Pald For" (Total or Indepet ed by 37 CFR 1.16 The Inc	E is less than 20, enter	r *20*, *3*,			•		

\*Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

fon of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the roccess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete the individual case in the individual case. In the individual case is a supplied to the individual case. Any comments ark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.